

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01444

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del. CountyCity or town Wilmington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) if veteran, name war _____

3. (a) FULL NAME

Paul Galloway

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Jean T. Galloway

7. Birth date of deceased (mo., day, y.)

Feb. 12, 1897

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

4823

hrs.

min.

9. Birthplace

Pittsburg, Pa.
(Town, county, and state)

10. Usual occupation

Draftsman

11. Industry or business

FATHER

12. Name

Ervin P. Galloway

13. Birthplace

Pittsburg Pa.

14. Maiden name

Ema H. Brubaker

15. Birthplace

Pittsburg Pa.

16. Informant

Jean Galloway

Address

116 Van Buren, An. Del.

17. Burial, cremation, or removal. Which?

buriedDate thereof 2-16-46

(month) (day) (year)

Cemetery or crematory

Medico Cem. Medea Pa.

Location

Wilmington, Del.

18. Funeral director

James T. Chambers

Address

Wilmington Del.

19. Date reg'd by registrar

2/1419 46Wm B. O'Jorge

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 46, at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 13 19 46 to Feb. 13 19 46and that I last saw him alive on Feb. 13 19 46

Immediate cause of death

Coronary occlusion

DURATION

20 minDue to arteriosclerotic coronary arterydisease.6 mo +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Paul Galloway

M. D. or other

Address Denton Md Date signed 2/14/46

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FEB 18 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 312

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
County Greensboro Rural
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD. County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Clara Harper
3. (b) Social Security Number _____

4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Harry Harper

7. Birth date of deceased (mo., day, yr.) May 10 1859 8.(c) If alive, give age _____ years

8. AGE: Years 86 Months 8 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business _____

FATHER 12. Name William C. Satterfield
13. Birthplace Ind.
MOTHER 14. Maiden name Rebe Jane Allen
15. Birthplace Ind.

16. Informant Wallace Harper
Address Greensboro, Md.

17. Burial Date thereof 2/8/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greensboro
Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro, Md.

19. Feb 8 1946 L. M. Papp
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1946 at 3:20 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1945 to Feb 6 1946
and that I last saw her alive on Feb 5 1946

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis
Due to hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Charles T. Henderson
Address Greensboro, Md. Date signed Feb 7 1946
M. or other _____

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED
FEB 13 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01446 62

1. PLACE OF DEATH:
 County Caroline
 City or town Denton Rural
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Denton Rural
(If outside city or town limits, write RURAL and give nearest town)
 Street No.
(If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Sarah E. Lump

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife William
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 13 1870

8. AGE: Years 75 Months 4 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name William A. Hutson

13. Birthplace Maryland

14. Maiden name Sherapa Paulkner

15. Birthplace Maryland

16. Informant Ella Mae Blakes

Address Denton Rural

17. Burial Burial Date thereof 3/27/46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director P. B. Rawlings

Address Greensboro Md.

19. 2/27 1946 pm 6 9pm
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1946 at 1040 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1943, to Feb 26 1946, and that I last saw him alive on Feb 24 1946.

Immediate cause of death _____ DURATION

Due to Coronary Vascular Disease 39yr

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Amson D. George M. D. or other _____

Address Denton Date signed 2/27/46

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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MAR 5 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01447

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
American Corner
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. American Corner
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Artery Nichols

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Martina D. Nichols
 7. Birth date of deceased (mo., day, yr.) April 27, 1872 6.(c) If alive, give age 63 years
 8. AGE: Years 73 Months 9 Days 13 If less than one day
hrs.min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Leonard Nichols

13. Birthplace Caroline County, Maryland

14. Maiden name Martha Ann Nichols

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Martina D. Nichols

Address Federalburg, Maryland, R.T.D.

17. Burial Date thereof February 13 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Free Chest Cemetery

Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. February 13 1946 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1946 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 19 46, to Feb. 10 19 46

and that I last saw him alive on Feb. 10 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 2/9/46

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.

Address Bridgeville, Del. Date signed 2/15/46

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FEB 18 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

01448

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 1/2 Hrs.Hospital, institution, or street address where death occurred: Stewart Hospital GreensboroHow long in hospital or institution? 9 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby Quillen

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 19468. AGE: Years _____ Months _____ Days _____ If less than one day 9 1/2 hrs. _____ min.9. Birthplace Greensboro, Caroline, Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Isaac Quillen13. Birthplace Maryland14. Maiden name Elizabeth Cornelius15. Birthplace Maryland16. Informant Isaac QuillenAddress Greensboro17. Burial Burial Date thereof Feb. 19/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory OddfellowsLocation Candem, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. Feb. 19 19 46 L. M. Lippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 19 46 at 1230 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 19 46 to Feb. 19 19 46 and that I last saw him alive on Feb. 19 19 46

Immediate cause of death _____

Prematurely

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Thompson M. D. or other _____Address Greensboro, Md. Date signed Feb. 19 19 46

CERTIFICATE OF DEATH

REC'D

FEB 25 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *2d*

CERTIFICATE OF DEATH

Reg. Dist. No. *62*

1. PLACE OF DEATH:

County *Caroline*
 City or town *Free Denton*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *2 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Homer Rice

3. (b) Social Security Number

4. Sex *M* 5. Color or race *W.* 6.(a) Single, married, widowed, or divorced *married*

8.(b) Name of husband or wife *Anna Ingers Rice*7. Birth date of deceased (mo., day, yr.) *February 11th 1878*

8. AGE: Years *67* Months *11* Days *26* If less than one day _____ hrs. _____ min.

9. Birthplace *Federalsburg, Md.*
(Town, county, and state)10. Usual occupation *Brick Mason*

11. Industry or business

12. Name *William Rice*13. Birthplace *W. T. Maryland*14. Maiden name *Katherine*15. Birthplace *Maryland*18. Informant *Mrs. Anna Rice*Address *Box Denton Md*17. *Buried* Date thereof *2-11-46*
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *Denton Cemetery*Location *Denton Maryland*18. Funeral director *J. Edgar Motor*Address *1 Denton Md*19. *2/11* 19 *46* *7m 50 Jm*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *February 9* 19 *46*, at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Feb. 9* 19 *46* to *Feb. 9* 19 *46*and that I last saw him _____ alive on *suddenly* 19 _____Immediate cause of death *Pneumonia* *Pectus*Due to *Anterior Scleritis**C. V. Disease*

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *Charles H. St. Francis*Address *Denton Md* Date signed *2/11/46*

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FEB 18 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County CarolineCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Wesley Saterfield

3. (b) Social Security Number

4. Sex M 5. Color or race Real 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Aug. 16th 18578. AGE: Years 88 Months 7 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace near Denton, Maryland
(Town, county, and state)10. Usual occupation house work

11. Industry or business _____

12. Name Lawson Saterfield13. Birthplace Maryland14. Maiden name Ann Beulah15. Birthplace Maryland16. Informant Denney SaterfieldAddress Denton Md.17. Burial Date thereof 2-10-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Paul ChurchLocation near Denton, Ind.18. Funeral director J. T. GilmanAddress Denton, Ind.19. 2/9 19 46 M. S. Gump
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 19 46, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____, and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

DURATION

Due to Cerebral Hemorrhage 2 hr

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wesley Saterfield M. D. or other _____Address Denton Date signed 2/9/46

RECEIVED
FEB 18 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93W

CERTIFICATE OF DEATH

01451

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... CarolineCity or town..... Hechtown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 58

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

4. Sex..... F5. Color or race..... W.6. (a) Single, married, widowed, or divorced..... married6. (b) Name of husband or wife..... Wm J. F. Summerville7. Birth date of deceased (mo., day, yr.)..... May, 14th 18878. AGE: Years..... 58 Months..... 10 Days..... 3

If less than one day..... hrs. min.

9. Birthplace..... Hechtown, Caroline, Maryland
(Town, county, and state)10. Usual occupation..... at home

11. Industry or business.....

12. Name..... Capt. J. W. Cassaper13. Birthplace..... Maryland14. Maiden name..... Boat15. Birthplace..... Maryland16. Informant..... Mrs. William SmithAddress..... Hechtown, Md.17. Burial Date thereof..... 2-22-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Hechtown CemeteryLocation..... Hechtown, Maryland18. Funeral director..... J. Virgil Moore & SonAddress..... Hechtown, Md.19. 7/24 19 46 M.D.D. Jones
(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 19 19 46, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

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Due to..... Acute Myocarditis..... DissectDue to..... Insuff..... 39yr

Other conditions.....

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